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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
With Initial
Filing

OR

☐

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

TYLERTON-228698

First Named Inventor

Eli Bar

COMPLETE IF KNOWN

Application Number

To Be Assigned

Filing Date

April 11, 2006, herewith

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Amplification-Based Cardiac Assist Device

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

10/15/2004

as United States Application Number or PCT International

Application Number

PCT/IL2004/000950

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="checked" type="checkbox"/> The address associated with Customer Number:	054042	OR <input type="checkbox"/> Correspondence address below
Name William H. Dippert Address Wolf, Block, Schorr and Solis-Cohen LLP 10th Floor 250 Park Avenue				
City New York		State New York		ZIP 10177-0030
Country US	Telephone 212.986.1116		Facsimile: 212.986.0604 E-Mail: wdippert@wolfblock.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Eli			Family Name or Surname Bar	
Inventor's Signature				Date
Residence: City Moshav Megadim	State	Country IL	Citizenship IL	
Mailing Address P.O. Box 273				
City Moshav Megadim	State	Zip 30875	Country IL	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Benny			Family Name or Surname Rousso	
Inventor's Signature				Date
Residence: City Rishon LeZion	State	Country IL	Citizenship IL	
Mailing Address 12 Henri Bergson Street				
City Rishon LeZion	State	Zip 75801	Country IL	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ran		Kornowski	
Inventor's Signature		Date	
Ramat Hasharon Residence: City	State	IL Country	IL Citizenship
2 Nachal Kidron Street Mailing Address			
Ramat Hasharon City	State	47314 Zip	IL Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:



Practitioners associated with the Customer Number:

054042

OR



Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

054042

OR

Firm or
Individual Name

Wolf, Block, Shorr and Solis-Cohen LLP

Address

250 Park Avenue

Address

10th Floor

City

New York

State

New York

Zip

10177

Country

US

Telephone

212.883.4993

Fax

212.672.1192

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name

Eli Bar

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

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e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name

Benny Rousso

Signature

Date

Telephone

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name

Ran Kornowski

Signature

Date

Telephone

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